



**DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF COMMUNITY ASSISTANCE
APPLICATION FOR WASTE REDUCTION GRANT**

APPLICANT INFORMATION:

Name of Agency/Organization

Name and telephone number of person to be contacted
about the application

Address

Name _____

Telephone ____ (____) _____

FEIN _____

Type of Organization

FOR NON PROFIT ORGANIZATIONS

- ☐ County
☐ Municipality
☐ Solid Waste Authority
☐ Planning Region
☐ Not-for-Profit Organization
☐ Other (specify) _____

Chartered in Tennessee? Yes ☐ No ☐

Date of Charter _____

IRS Classification _____

Attach a copy of approval letter for Charter
or 501(c)(3) exemption

To the best of my knowledge, all data in this application is true and correct. The document has been duly
authorized by the governing body of the applicant.

Typed Name of Authorized Representative

Title _____

Telephone ____ (____) _____

Signature

Date _____

For State use only:

Return to:

Department of Environment and Conservation
Division of Community Assistance
401 Church Street, 8th Floor
Nashville, TN 37243-1533

DATE RECEIVED BY STATE _____